

TITLE APPLICATION

CHECKED BY	TITLE FEE \$25.00	TITLE CODE	MILEAGE	OWNER'S LICENSE NO.	
ARE YOU APPLYING FOR () TITLE ONLY () SECURITY ADDITION () () CORRECTION					OWNER'S DATE OF BIRTH
OWNER'S NAME					
LAST		FIRST		M.I.	
MAILING ADDRESS					
NO. STREET		CITY/TOWN		STATE	ZIP CODE
YEAR	MAKE	MODEL	BODY	CYL	VEHICLE IDENTIFICATION NUMBER

TRUCKS and TRAILERS only: GVW: _____ TRAILERS only: LENGTH: _____

SELLER'S NAME				DATE SOLD	
LAST		FIRST		M.I.	
ADDRESS					
NO. STREET		CITY/TOWN		STATE	ZIP
RI DEALER'S LIC. NO.	THIS VEHICLE IS	() NEW () USED	PRIOR TITLE NO.	PRIOR TITLE STATE	
FIRST LIENHOLDER'S NAME				DATE OF LIEN	
LAST		FIRST		M.I.	
ADDRESS					
NO. STREET		CITY/TOWN		STATE	ZIP
SECOND LIENHOLDER'S NAME				DATE OF LIEN	
LAST		FIRST		M.I.	
ADDRESS					
NO. STREET		CITY/TOWN		STATE	ZIP

The undersigned declares under penalty of perjury that no other liens exist against this vehicle other than as described above and that all statements made on this application are true and complete to their knowledge and belief. Personal information contained in your motor vehicle record will be disclosed only if the State has obtained the express consent of the person to whom such personal information pertains. DO YOU CONSENT TO SUCH DISCLOSURE? Check one YES _____ NO _____

OWNER'S SIGNATURE DATE NOTARY PUBLIC DATE

NAME OF PERSON SUBMITTING DOCUMENTS

Name (Please Print) Signature

Agent of License #, Passport #, Photo ID # License State

CUSTOMER HAS BEEN INFORMED OF THE LIEN LEGEND THAT WILL APPEAR ON TITLE. _____
TR-9 (REV. 9/2002) Clerk's Initials